

SUBMIT: COMPLETED APPLICATION, TAX ST./FEE/ENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 MAR 16 2015
 Bayfield Co. Zoning Dept.

Permit #: 15-0094
 Date: 4-17-15
 Amount Paid: \$175 4-17-15
 Refund:

Wood Shed 75.00

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Sam Lohlich III Mailing Address: 26090 US Hwy 2 Ashland WI 54804 Telephone: 7460 2589

Address of Property: same City/State/Zip: --- Cell Phone: 4922 7258

Contractor: Self Contractor Phone: --- Plumber: --- Plumber Phone: ---

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: --- Agent Mailing Address (include City/State/Zip): --- Written Authorization Attached Yes No

PROJECT LOCATION: NW 1/4, SW 1/4 Gov't Lot: --- Lot(s): --- CSM: --- Vol & Page: --- Lot(s) No.: --- Block(s) No.: --- Subdivision: --- Lot Size: --- Acreage: 2.5

Section: 17, Township: 47 N, Range: 5 W Town of: Elielem

LYING NW of US Hwy 2

Shoreland Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? --- If yes---continue ---

Is Property/Land within 1000 feet of Lake, Pond or Flowage --- If yes---continue ---

Non-Shoreland

Distance Structure Is from Shoreline: --- feet

Distance Structure Is from Shoreline: --- feet

Distance Structure Is from Shoreline: --- feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Recorded Document: (i.e. Property Ownership) Volume: 890 Pages: 958

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>10,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>HT</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it) Length: 32 ft Width: 20 ft Height: 10 ft

Proposed Construction: Length: 32 ft Width: 20 ft Height: 10 ft

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date)		() X ()	
<input type="checkbox"/> Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Accessory Building (specify) <u>wood</u>		(<u>32</u> X <u>20</u>)	<u>640</u>
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		() X ()	
<input type="checkbox"/> Rec'd for Issuance		() X ()	
<input type="checkbox"/> Special Use: (explain)		() X ()	
<input type="checkbox"/> Conditional Use: (explain)		() X ()	
<input type="checkbox"/> Other: (explain)		() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
 I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Sam Lohlich Date: 3/16/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: _____

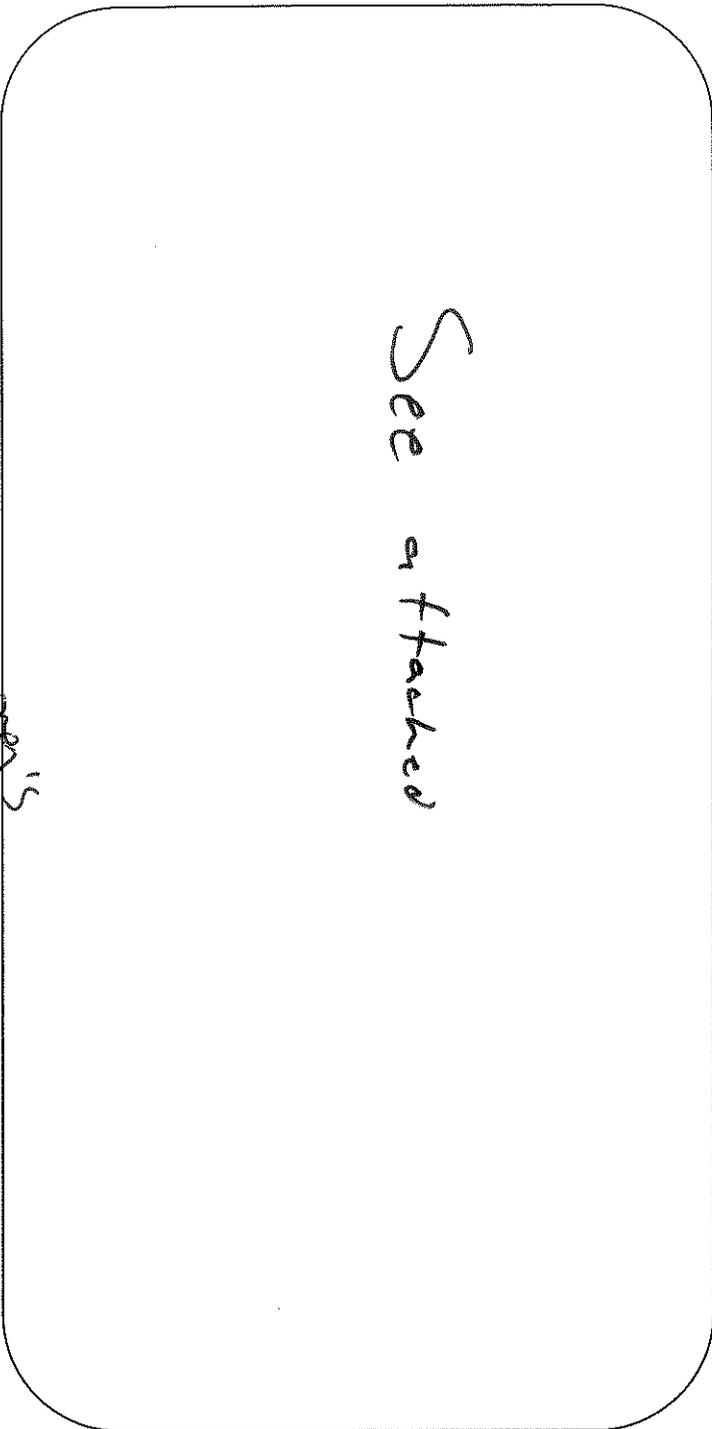
Attach
 Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

Part of NE SW

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

per owner's plot plan

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	280 Feet	Setback from the Lake (ordinary high-water mark)	177A Feet
Setback from the Established Right-of-Way	365 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	300 +/- Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	280 +/- Feet	Setback from Wetland	125 Feet
Setback from the West Lot Line	580 +/- Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1600 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	70 +/- Feet	Setback to Well	Feet
Setback to Drain Field	17A Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):	Reason for Denial:	convert HT (2) 1000 sq ft			
Permit #: 15-0074	Permit Date: 4-17-15				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: HT issue completed by MP piece to permit issuance.	Inspected by: J. Brown, Murphy				
Date of Inspection: 3-24-15	Date of Re-Inspection: NA				
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)					
Builder shall not be used for human habitation + shall not have indoor plumbing fixtures unless necessary permits + inspection are obtained					
Signature of Inspector: [Signature]					
Hold For Sanitary: <input type="checkbox"/>	Hold For Fee: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: 4-16-15	

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SAM Lulich
26090 US Hwy 2
Ashland WI 54806
715-746-2589
715-492-7238

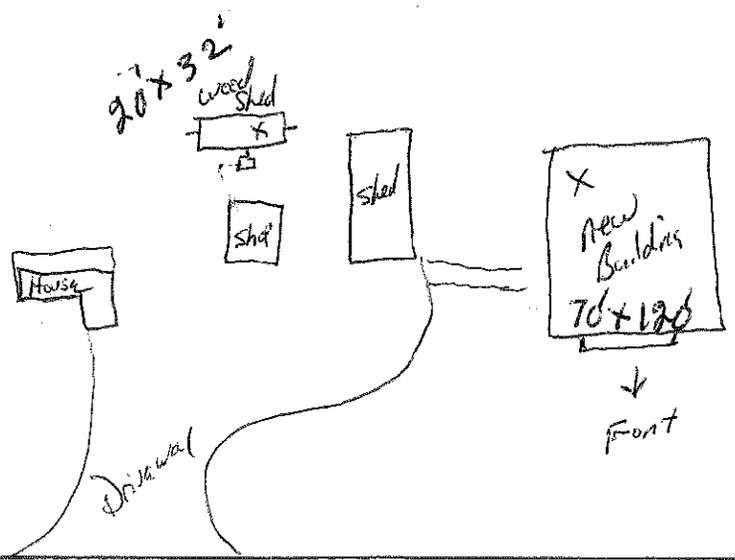
Apply for permit
76 x 120
cold storage

20 x 32
wood
shed E

W

Sudash Rd

Woods



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Front

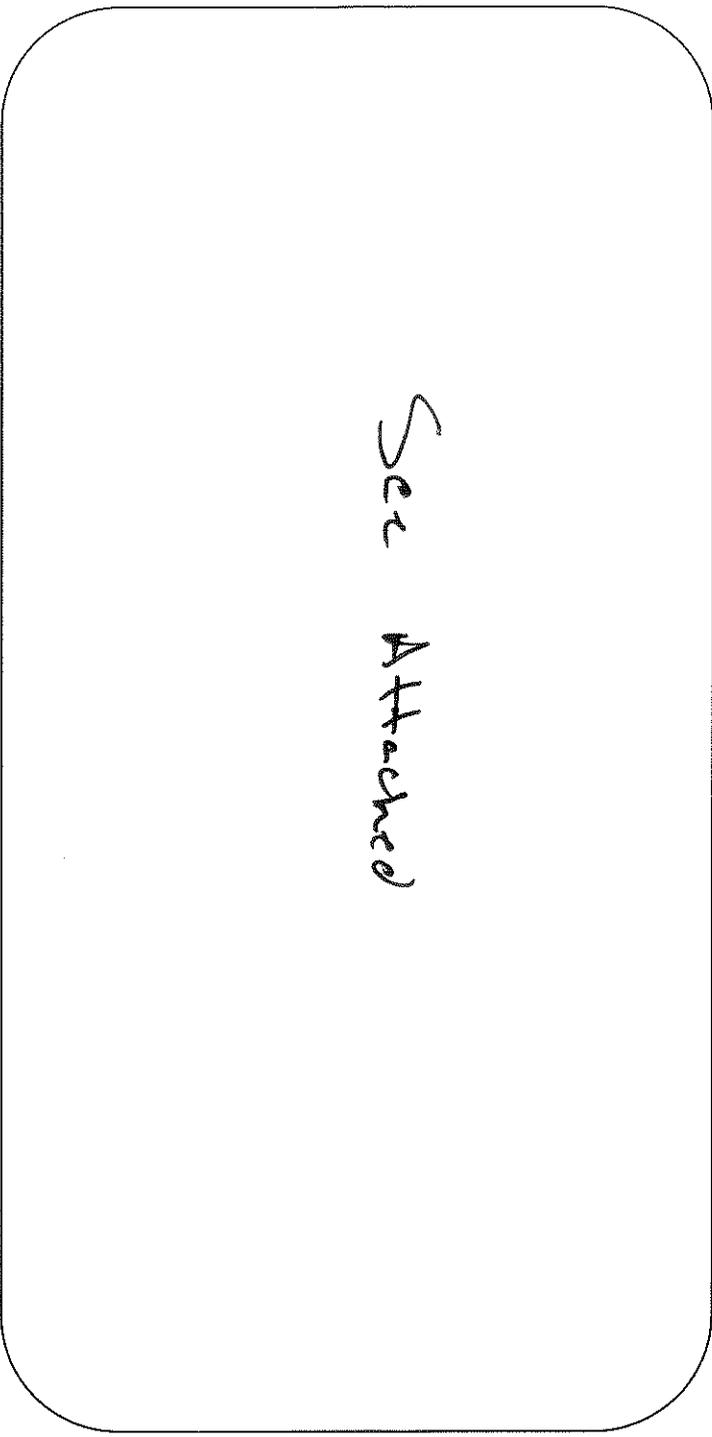
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Hwy 2

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- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See Attached



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point) *per owner's plan* Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	317.73 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	114.50 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	80 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1500 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	1100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	700 Feet	Setback to Well	Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	Feet		

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For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of Bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 15-0075		Permit Date: 4-17-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel In Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Case #:			
Was Parcel Legally Created	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record: IT ILLEGAL OF THE CONNECTION FROM THE TO PREMISE ISSUANCE. CORRECTED BY AFDZ MP.							
Date of Inspection: 3-24-15	Inspected by: JASON BOE MURPHY	Zoning District		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)							
BUILDING SHALL NOT BE USED FOR HABITATION OR INDOOR PLUMBING FIXTURES UNLESS NECESSARY PERMITS INSPECTIONS ARE INSTALLED							
Signature of Inspector:				Date of Approval:	4-16-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				

Field County, WI

Handwritten notes:
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